



34 HIGH STREET,  
SPENNYMOOR,  
DURHAM DL16 6DB  
TEL: 01388 813267 or 0191 258 5956  
sales@baileys-blinds.co.uk  
www.baileys-blinds.co.uk

DATE  
MEASURED/ORDERED  
4/11/20

346725

Measured By:  
DAVE

**SPECIAL INSTRUCTIONS**

CHILD DEVICES  
FULLY EXPLAINED

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

Customer's Name TYRRELL  
Address APT 2, 2 ST NICHOLAS CUMBERS  
AMEN CORNER.  
NEWCASTLE Post Code NE11PE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<u>3xWOODS</u>
VERTICALS	
VISION	
WOODEN	

Tel. home	
Tel. work	
mobile	<u>07709807725</u>
email	

Fitted By		DATE		DAY		AM		PM	
-----------	--	------	--	-----	--	----	--	----	--

alum	white	brown	white chain	welded in weight	recess size	motorised	wood fix	stone fix	brackets top	face
------	-------	-------	-------------	------------------	-------------	-----------	----------	-----------	--------------	------

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Loongo ①	1490	1545	35	PURE WHITE	NO	2700	252.00
②	1510	1565	4	MAPLE GLOW	TO PLANK ON	2700	252.00
Bedroom	1495	1555	4	MAPLE GLOW	---	2700	252.00
RETURNS FOR BOTH SIDES ON ALL							
Total							756.00

SAFETY DEVICES SUPPLIED WITH GOODS MUST BE FITTED BY US AT THE TIME OF INSTALLATION. IF YOU REFUSE TO ALLOW A SAFETY DEVICE TO BE FITTED, THEN THE GOODS WILL NOT BE INSTALLED, AND UNDER THESE CIRCUMSTANCES YOU WILL STILL BE LIABLE TO PAY THE FULL PRICE UNDER YOUR CONTRACT. YOU ARE STILL BOUND TO ACCEPT DELIVERY OF THE GOODS AND TO PAY FOR BOTH THE FITTING AND INSTALLATION EVEN ALTHOUGH INSTALLATION HAS NOT BEEN CARRIED OUT.

I have ordered the above goods and agree to pay the amount shown in full at the time of fitting. If payment is not made in full at that time Baileys has the right to remove the goods until full settlement is made. Title of the goods does not pass to the customer until payment has been made in full. Declaring that there shall be no liability for normal damage occasioned by such removal.

TOTAL PRICE £

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

CASH	CHEQUE	CARD
------	--------	------

**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**

